Vol. V. LOUISVILLE, KY., MAY 18, 1878. No. 125.

LOUISVILLE MEDICAL NEWS:

A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

EDITED BY

RICHARD O. COWLING, A. M., M. D., and LUNSFORD P. YANDELL, Jr., M. D.

ISSUED EVERY SATURDAY.

☞Terms, $3.00 a Year in Advance, Postage Paid.☜

THOS. L. CLACHER, 108 E. Twenty-eighth St., New York, is our New York Agent.

TROMMER'S EXTRACT OF MALT.

THE rapidly increasing demand for our **Improved Extract of Malt** during the four years that it has been manufactured and offered to the medical profession in America justifies the belief that in its production here we are meeting a generally felt want.

Long experience in manufacturing Malt Extract has enabled us to completely overcome the many difficulties attending its manufacture in large quantity, and we positively assure the profession that our Extract of Malt is not only

PERFECTLY PURE AND RELIABLE,

but that it will keep for years in any climate without fermenting or molding, and that its flavor actually improves by age. Our Extract is guaranteed to equal in every respect the best German make, while, by avoiding the expenses of importation, it is afforded at less than half the price of the foreign article.

The Malt from which it is made is obtained by carefully malting the very best quality of selected Toronto Canada Barley. The extract is prepared by an *improved process* which prevents injury to its properties or flavor by excess of heat.

IT REPRESENTS THE SOLUBLE CONSTITUENTS OF MALT AND HOPS,

viz.: MALT SUGAR, DEXTRINE, DIASTASE, RESIN and BITTER OF HOPS, PHOSPHATES of LIME and MAGNESIA, and ALKALINE SALTS.

Attention is invited to the following analysis of this Extract as given by S. H. DOUGLAS, Professor of Chemistry, University of Michigan, Ann Arbor:

TROMMER EXTRACT OF MALT CO.:—I enclose herewith my analysis of your Extract of Malt:

Malt Sugar, 46.1; Dextrine, Hop-bitter, Extractive Matter, 23.6; Albuminous Matter (Diastase), 2.469; Ash—Phosphates, 1.712; Alkalies, .377; Water, 25.7. Total, 99.958.

In comparing the above analysis with that of the Extract of Malt of the German Pharmacopœa, as given by Hager, that has been so generally received by the profession, I find it to substantially agree with that article.

Yours truly,
SILAS H. DOUGLAS,
Professor of Analytical and Applied Chemistry.

This invaluable preparation is highly recommended by the medical profession as a most effective therapeutic agent for the restoration of delicate and exhausted constitutions. It is very nutritious, being rich in both muscle and fat producing materials.

The very large proportion of *Diastase* renders it most effective in those forms of disease originating in *imperfect digestion of the starchy elements* of food.

A single dose of the Improved Trommer's Extract of Malt contains a larger quantity of the active properties of Malt than a pint of the best ale or porter; and not having undergone fermentation is absolutely free from alcohol and carbonic acid.

The dose for adults is from a dessert to a tablespoonful three times daily. It is best taken after meals, pure, or mixed with a glass of milk, or in water, wine, or any kind of spirituous liquor. Each bottle contains 1½ pounds of the Extract.

Our preparations of Malt are for sale by druggists generally throughout the United States and Canadas, at the following prices:

EXTRACT OF MALT,	with	Hops (Plain),	- - - - - -	$1 00
"	"	Pyrophosphate of Iron (Ferrated),	- - -	1 00
"	"	Cod Liver Oil,	- - - - - -	1 00
"	"	Cod Liver Oil and Iodide of Iron,	- - - -	1 00
"	"	Cod Liver Oil and Phosphorus,	- - - -	1 00
"	"	Hypophosphites,	- - - - - -	1 50
"	"	Iodides,	- - - - - - -	1 50
"	"	Alteratives,	- - - - - - -	1 50
"	"	Citrate of Iron and Quinia,	- - - -	1 50
"	"	Pepsin,	- - - - - - - -	1 50

Manufactured by TROMMER EXTRACT OF MALT COMPANY, Fremont, Ohio.

106-ew-1y

W. H. SCHIEFFELIN & CO.'S

SOLUBLE QUININE PILLS.

WE would be glad to have ANY of our Soluble Pills subjected to intelligent test; but as the medicine most in demand in pilular form is Quinine, we particularly court a critical examination of our Quinine Pills, and desire that they be subjected to the test either of analysis or therapeutic effect.

This scrutiny is invited with confidence, as we invariably use *bleached* Sulphate of Quinine of the best American brands, in full and exact weights, and because we have never heard of a case where our Pills failed to produce the effect which would have been obtained from an equal quantity of Sulphate of Quinine in its usual form.

In order to facilitate an analysis, we suggest the following process as simple and reliable.

Remove the coating from pills representing twenty grains of Quinine. Separate excipient by rubbing them in a mortar with two ounces water until perfectly smooth, and then dissolving by aid of a few drops of dilute Sulphuric Acid and filtering. Treat the filtrate with aqua ammoniæ in excess and filter again. Wash the precipitate left on the filter by passing one ounce water through it. Dry on filter by gentle heat. Subject ten grains of it to the

TEST FOR QUININE,

Published in the United States Pharmacopœia, as follows:

"When ten grains of the salt are agitated in a test-tube with ten minims of officinal water of Ammonia and sixty grains of Ether, and allowed to rest, the resulting liquid separates into two transparent and colorless layers, without any white or crystalline matter at the surface of contact."

Any such matter floating there would indicate the presence of Cinchonia, Cinchonidia, or Quinidia.

We are happy to announce that the recent decline in the price of Quinine has enabled us to reduce the price of the pills; as may be seen by referring to our latest Price-lists.

W. H. Schieffelin & Co.

NEW YORK.

N. B. We have made arrangements with Messrs. **R. A. ROBINSON & CO., Louisville, Ky.**, whereby they can supply our Pills upon the most favorable terms.

108-oam-1y

COMPRESSED TABLETS

OF

CHLORATE OF POTASH.

FOR HOARSENESS, BRONCHIAL IRRITATION, SORE THROAT, DIPHTHERIA, CROUP, Etc., Etc., Etc.

CHLORATE OF POTASH is a remedy of acknowledged value in cases of Diphtheritic Sore Throat, and in inflammation of the mouth and throat, induced by a depressed state of the system. In these instances, as in the milder forms of croup, it has besides its depurative and detergent effects a solvent action on the deposits characteristic of those troublesome and dangerous affections. It relieves hoarseness; and in many cases of fetid breath from disordered secretions it proves an efficient corrective. Its virtues in simple angina, or ordinary sore throat, are recognized by many of the most eminent physicians.

As the taste of this article is not disagreeable, we have prepared it in the form of Compressed Tablets, thus giving the patient the full benefit of its action, undiluted with sugar, gum, or other vehicles which would not only prevent its effects, but which sometimes themselves offend the stomach.

The Lozenges usually contain about twenty-five (25) grains of gum and sugar with two grains of the Chlorate of Potash, while each of these pills contains simply five grains of the Chlorate, all of which dissolved in the saliva acts on the affected mucous membranes.

FOR SORE THROAT, HOARSENESS.

DIRECTIONS.—Adults should take one every hour or two until relieved, allowing it to dissolve slowly in the the mouth. Children, half of one as often.

For offensive breath no remedy will give more certain relief; use one two or three times a day.

For diphtheria, croup, and the more serious ailments, the physician should direct.

(We will furnish physicians with samples should they desire to try them.)

JOHN WYETH & BROTHER, Manufacturing Chemists, Philadelphia.

FOR SALE BY

R. A. ROBINSON & CO. AND ARTHUR PETER & CO.

LOUISVILLE, KENTUCKY.

109-oam-1yr

LOUISVILLE MEDICAL NEWS

"NEC TENUI PENNA."

Vol. V. LOUISVILLE, MAY 18, 1878. No. 20.

R. O. COWLING, M. D., and L. P. YANDELL, Jr., M. D.,
EDITORS.

THE ECONOMY OF HOMEOPATHY.

We have read with interest in the homeopathic journals the controversy which is going on between the high-potency party, which deals with medicines in their six hundred billionth dilutions, and the low-potency party, which comes even as far down as the three hundred thousandth. It is hard to tell which side has the best of it yet. Either of them can knock an intermittent far beyond the middle of next week with sugar granules representing one or the other's dose of quinine, or, as they term it, *china*. We believe upon the whole the high-dilutionist party is a little ahead of its competitor. It claims to be most powerful with a single shot, while the other confesses that it has to blaze away at the enemy several times before it can fetch it.

It is comforting for us in these days, when some alarm has been raised concerning the failure of the cinchona-forests, to think that we have enough of the alkaloid on hand to last us for several ages to come, even if the trees which produce it are at once swept away. Let us cipher a little: If the 600,000,000,000th of a grain of quinia be a sufficient dose to break an intermittent, how long would a pound last? A pound Troy contains 12 times 480 grains=5,760 grains, or, as Mantalini would say, blast the odd 760 grains, and call it even 5,000. This multiplied into our long-tailed friend above gives 3,000,000,000,000 doses in one pound of the genuine article.

Now we will say for argument, that breaking an intermittent means at least to stave it off for a couple of weeks; and suppose a patient continues to have an intermittent at these intervals, and has to indulge in the extravagance of 26 doses of the size named per annum, how many people would it take how long to consume the pound of quinine? That is the politico-economical question to which we are bending our philosophic steps. In the first place, there are not more than twelve hundred millions of people in the world. It was in the neighborhood of that number at least when we were at school, and we take it that the amount which Stanley has discovered and that which patent medicines have killed since that time about balance. Allowing every man, woman, and child alive to have his twenty-six doses a year—nay, excluding not the idiots, which are caught nowadays in such vast numbers, from the luxury of this bi-weekly (not the American) dose—we have an expense of 31,200,000,000 doses, which goes into 3,000,000,000,000—the number of doses which are contained in a pound—in round numbers, one hundred times. We are therefore safe for a century at least with a pound of quinine; and will some one now rise and show cause why not only the cinchona-forests, but the Messrs. Powers & Weightman too, should not be destroyed?

Soberly, if any one in the ordinary affairs of life were governed by principles such as underlie homeopathy, would not the law adjudge him a lunatic upon the first information; and if one engaged in a traffic such as this outside of medicine, how long would he stay out of the penitentiary?

Original.

MISTLETOE AS AN OXYTOXIC.

BY ARTHUR G. HOBBS, M. D.

About three years ago I was informed by my friend, Dr. W. H. Long, of Louisville, of the superior properties of viscum album (mistletoe) as an oxytoxic. I then determined at the first opportunity to try its merits. During last fall I had some leaves of the viscum album gathered, and I made an infusion. Not knowing the exact proportions, I made it according to the general rule of infusions, two ounces to the pint; but, not waiting for the leaves to dry, I used them green, and doubled the quantity.

CASE I.—November, 1877, Mrs. McC., mult., had advanced to the second stage of labor and there remained for several hours. Upon close examination I concluded that all that was wanting was an efficient action of the uterus. Having an eight-ounce bottle of the infusion in my pocket, I gave about one third of it, and in twenty minutes I gave her another third; and in ten minutes more regular clonic contractions of the uterus began, and during the hour she was safely delivered of both infant and placenta.

CASE II.—December, 1877, Mrs. P., mult., advanced to second stage of labor and remained in that condition, according to the "granny's" statement, from noon till after dark, when I was sent for. After learning the facts in the case, I gave Mrs. P. four ounces of the infusion, and very efficient uterine contractions followed in twenty-five minutes. The pains recurred about every three or four minutes; yet, after an hour, seemingly no impression had been made upon the child's head. Upon closer examination I found an occipito-posterior position which had missed the usual rotation of the occiput under the pubic arch. The occipito-mental diameter corresponded with the anterio-posterior diameter of the cavity. The head seemed to be locked in this position, which prevented flexion, notwithstanding the continued and powerful contractions of the uterus. I introduced a pair of perineal forceps, and with slight traction and flexion dislodged the head from what seemed to be its locked position. The next pain was so powerful that the child and secundines were delivered at once. So notwithstanding the delay after the dose of viscum, we see that it was not for want of action of the drug on the uterus.

CASE III.—January, 1878, Mrs. C., having suffered from menorrhagia for eight months, applied to me for relief. She stated that her menses recurred about every eighteen or twenty days, and that the discharge was very profuse during the first two days; said she was greatly weakened from the loss of so much blood; looked pale. I gave her one-ounce doses of the infusion, to be taken just before and during the next recurrence, and to continue it when her menses recurred out of time or too profusely. She reported herself a few weeks since as regular, and feeling much improved.

My short experience with the parasite is, that it acts more promptly and more decidedly as an oxytoxic than ergot. In the few cases that I have used it I have had none of the troublesome "after-pains" that are often observed when ergot has been given.

In administering ergot I never know whether to look for its oxytoxic effects or not, it is so uncertain; yet this may be a fault of the manufacturer. Be that as it may, I, for one, will herald the introduction of the new oxytoxic (viscum album) into our materia medica with much satisfaction, giving all due honors to its introducer, our friend, Dr. W. H. Long.

INDIANA.

SCARLET FEVER.

BY W. T. RISQUE, M. D.

Having had a scourge of this disease in our portion of the state, and my treatment of it being somewhat unusual, and, I believe, more than ordinarily successful, I offer it to the readers of the NEWS for whatever it may be worth.

A generally received theory of the cause of scarlet fever is that it has its origin in zymotic germs which enter and rapidly multiply in the system. If this theory is correct, may we not discover some antidote to those germs, or may we not use some agent that will at least render the constitution an unhealthy nidus for them, and thus greatly limit their multiplication? Furthermore, may we not commence introducing that antidote as soon as the individual has been exposed to the contagion, and thus gain an even start with the germs and keep their numbers down? I believe we have such an antidote in sulpho-carbolate of soda. The sulphur and carbolic acid are both deleterious to the prosperity of the germ family. Based upon this theory, sulpho-carbolate of soda has been my standard remedy in the treatment of scarlet fever. Not only do I give it to the patient, but to the other children in the family as a prophylactic. I gave it thus to twenty children directly exposed; thirteen escaped the disease entirely, and the seven who had it were so mildly affected that they were not confined to the bed. The first case in a family was always the worst case. I have tested this practice in only eighteen cases, but with results the most satisfactory. But one case died, a child ten months old, who was taken with convulsions and died on the second day.

The epidemic that prevailed here was of a malignant character, producing a great many deaths in Georgetown and Versailles, and the adjacent counties. As a remedy in the disease I give sulpho-carbolate of soda to a child three or four years old—in three- or four-grain doses—repeated every three hours, continued until the symptoms somewhat mitigate, and then lengthen the intervals to four or five hours. For the throat inflammation, if mild, I give chlorate potash. If the inflammation is severe I give with it gum guaiac.

℞ Sulpho-carb. sodæ ..... } āā ʒ ij;
Potassæ chlor..... }
Aquæ puræ ..... ʒ ij.

Sig. Teaspoonful every three hours.

Or, ℞ Sulpho-carb. sodæ ..... } āā ʒ ij;
Potassæ chlor..... }
Guaiac pulv..... ʒ j;
Aquæ puræ..... }
Glycerinæ ..... } āā ʒ ij.

Sig. Teaspoonful every three hours.

Constipation and diarrhea are remedied if they exist. Milk is given as a drink. It quenches thirst, soothes the throat, and sustains the patient. High ranges of fever can be measurably controlled by a cool room and using but little or in some cases no bed-covering. For swelling of the glands of the neck I used a slice of fat bacon bound on them constantly, and for the itching of the surface greasing with a bacon-skin. As a prophylactic I give the sulpho-carbolate soda in the previously-mentioned proportion every five or six hours, to be continued as long as the exposure exists. My friend Dr. Galloway tells me that he has used the same remedy in thirty cases of the fever, and has lost none.

PAYNE'S DEPOT, SCOTT COUNTY, KY.

Reviews.

Malaria and Struma—Their Relation to the Etiology of Skin Diseases. By LUNSFORD P. YANDELL, JR., M. D.

At the meeting last fall of the American Dermatological Society, Dr. Yandell read a paper in which were embodied his views on the etiology of the acute and chronic skin diseases. His article was afterward printed in the American Practitioner for January, 1878. The brochure under review is a reprint from this journal. As a thinker, teacher, observer, and writer, the author holds a front rank in the profession of this country. This, as well as many of his other writings, smell not of the lamp alone, but bear the impress of careful clinical study unfettered by specious theory. He is old-fashioned and, we may add, sensible enough to think that experience is our best guide in matters medical, and that the retort and crucible of daily observation afford better results in the

treatment of diseases than all the fancifully-elaborated theories of the closet. If at times he seems dogmatic, it arises from an earnest endeavor to give us the reasons for the faith that is in him. Dr. Yandell, it should be borne in mind, is a general practitioner of more than twenty years' experience, and not simply a "one-idead" specialist.

Want of space forbids us giving Dr. Yandell's views *in extenso.* Suffice it to say that he regards the *malarial poison* and the *scrofulous taint* as the grand etiological factors in the production of most cutaneous affections, acute and chronic. Excluding the exanthemata and the parasitic diseases, he holds that malaria is the chief source of acute skin diseases, and that we may trace most of the chronic skin diseases to scrofula as a cause. Moreover, he teaches that the inveterate examples of either class are usually due to a union of the two causes, malaria and struma; and furthermore, that these agencies often most unfavorably modify the course of the various exanthemata. Our author does not go so far as to say that in all cases malaria and struma are the sole cause of the disease in question. While they are the prime movers, they often require the coexistence of some other perturbing agency. They alone may excite any of the dermatoses, and occasionally a predisposing cause is required. While exposure to cold, the infliction of a wound, menstruation, dentition, etc. are not alone sufficient to light up a cutaneous disease, they become efficient causes when coupled with the depressing action of malaria and struma. Dr. Yandell further holds that what is true of the etiology of skin diseases is equally true of the diseases of other tissues; that what is true of dermatology is true of gynecology, ophthalmology, otology, etc. Such are the author's views concisely stated. His cutaneous pathology is sufficiently simple, and so must be his therapeutics which grow out of it. *Causa sublata, tollitur effectus.* Eliminate the malarious and strumous elements, and you cure your patient's skin disease: the salts of bark, iron, and arsenic for the one; cod-liver oil, malt, iron, and the iodides for the other; paying proper attention to diet and the general laws of hygiene in both.

While we can not say that we subscribe entirely to our author's views, we do him the justice to say that they have impressed us most forcibly. If we are not entirely convinced, we confess to a decided leaning to his side of the question. After reading this pamphlet, and recurring to past experience in the management of cutaneous diseases, we feel, as did Agrippa in the presence of Paul, that we are almost persuaded to become a convert. We are compelled to acknowledge that most skin diseases, acute and chronic, will not yield except under the persuasive influence of iron, quinia, arsenic, and antistrumous agents. We go so far as to doubt if a perfectly healthy person ever became the subject of a skin disease, except it be parasitic or one of the exanthems.

Nowadays we are not driven to the necessity of having a shaking fit in order to prove that malaria has invaded our systems. The chill, fever, and sweat are not now as formerly so much the order of the day. Malarial manifestations have changed in various localities, but they are just as evident, and their forms are just as protean. If the malarial poison is powerful enough to produce that most atrocious of human sufferings, *tic douloureux*, it can not require any great stretch of imagination to understand how it can lie at the foundation of cutaneous hyperæsthesia under the form of intolerable pruritus. Both affections have their origin in some modification of nerve sensibility. If the malarial poison can induce such marked anatomical changes in the tissues of the liver, spleen, and kidneys, why may it not do the same in the delicate organism of the skin? If struma can put out eyes by causing acute and chronic ophthalmias, produce death from cerebritis and meningitis, and cripple people from articular diseases, why may it not leave its seal and sign upon diseases of the skin? Such reflections as these certainly lend color to Dr. Yandell's views.

However much other authorities may seem

to disagree with the author of this paper, the fact is evident that all of them consider the subjects of skin disease as usually below par. Iron, quinia, arsenic, and tonics generally enter into the cutaneous therapeutics of hospitals and text-books. Some reason for a certain line of practice is certainly better than none. The treatises of specialists in skin diseases are proverbially meager and confused as to etiology. What is spoken of as the cause of one affection will do just as well for another. Debility underlies all of them. Dr. Yandell gives, as the cause of such debility, malaria and struma. These are certainly sufficient. Under the present lights his explanations of the phenomena are plausible, to say the least; under any contingency they are better than none at all. As a pioneer in this regard he is entitled to precedence. If dermatologists, in their researches and published works, would pay less attention to dreary classifications of skin diseases and prolix descriptions of their external configuration, and more to their essential causes as guides to proper treatment, science would be greatly advanced and sufferers would become infinitely less.

Dr. Yandell informs us that Dr. Heitzmann denies the existence of malaria in Vienna, Dr. White states that it is unknown in Boston, and Dr. Bulkley says that the malarial element does not have any effect in New York. Oh, would that we could take unto ourselves the wings of the morning, and fly to these happy climes where quinia is unknown! As the weary pilgrim turns his face to his beloved Mecca, so would we to Boston, New York, and Vienna; for there would be our "sweet Araby the blest," where malaria is unknown, and chills are not even sojourners. But the truth must be told—malaria is omnipresent. It may not be as marked in some places as in others, but it is none the less ubiquitous. What will produce pernicious intermittent in one place is followed by a mild type of fever in another; and in a third it will only be shown by a neuralgia or a general feeling of malaise. The mistake is in thinking that a regular form of ague has to be developed in order to demonstrate the existence of malaria. Wherever there is a conjunction of heat, moisture, and vegetable decomposition, there will malaria exist, whether it be in the rice-fields of South Carolina, the Roman Campagna, or the classic precincts of Boston. In some places its manifestations may be frank in the form of chill, fever, and sweat; in others it may assume protean masks; but in all it is unmistakable to the unbiased observer. Is it possible that Boston is free from heat, that there are no moisture and vegetable decomposition there? Is it only lighted by the sun of science and watered only by the Pierian spring? Is there no filth in any of its highways and byways? Is there no bad air in the slums and alleys of New York and purlieus of Vienna? Tell it not in Five Points; whisper it not on Fire Island.

Our author's pamphlet is carefully prepared, and bears the impress of earnest study. By adopting his views, if we err at all, it will be upon the safe side. Its attentive perusal by the general practitioner will convince him that specialists may sometimes wander from their narrow fields, and be guided by other lights than their own farthing-candles. We commend Dr. Yandell's pamphlet to the careful reading of all.—*C. R., in American Practitioner.*

Correspondence.

To the Editors of the Louisville Medical News:

The following psychological incident, which was told to me by a gentleman of undoubted veracity, may prove of interest to those of your readers who are studying the occult phases of nervous phenomena: The narrator, a man of fine nervous organization, was taking his afternoon siesta; his daughter, a young lady of seventeen, sitting by his side, *with her hand in his,* and reading. As he passed from the wakeful state into one of semi-slumber, he saw, or seemed

to see, appear at the foot of his bed a tall man, with a sorrowful expression upon his face, who bending down tenderly lifted up a coffin, and disappeared. He was so disturbed by the strange and unaccountable nature of his vision that, after tossing restlessly for a few moments, he opened his eyes and said, "Daughter, I believe I can not sleep to-day, and will get up." Looking up from her book, in which she was evidently deeply absorbed, she said, "Papa, this is a strange book that I am reading." "What is it?" said he. "The Life of Marie Antoinette," she replied, and then read from the pages before her a recital of the exact incident that had just constituted his dream.

E. R. P.

Books and Pamphlets.

Biographical Sketch of Joseph M. Toner, M. D., of Washington. By Thos. Antisell, M. D., of Washington, D. C. Reprint from the Memorial Volume of the Rocky Mountain Medical Association. Lancaster, Pa.: Inquirer P. & P. Co. 1878.

Transactions of the American Dermatological Association, with the President's Address at the first meeting, held at Niagara, September 4, 5, and 6, 1877. New York: G. P. Putnam's Sons, 182 Fifth Avenue. 1878.

Amputation of the Cervix Uteri. By W. H. Wathen, M. D., Clinical Lecturer upon Diseases of Women and Children, Louisville Medical College; Clinical Lecturer on Diseases of Women, Louisville City Hospital; Surgeon to the Female Department, Louisville City Hospital; Senior Vice-president of Kentucky State Medical Society. Read before the Kentucky State Medical Society, April 3, 1878.

The Metric Bulletin (Monthly). Official Journal of the American Metric Bureau. 1876. "The object of this Bureau shall be to disseminate information concerning the Metric System, to urge its early adoption, and to bring about actual introductions wherever practicable. To this end it will secure the delivery of addresses, publish articles, circulate books, pamphlets, and charts, distribute scales and measures, introduce the practical teaching of the system in schools; and in all proper ways, as far as the means at its disposal will allow, the Bureau will urge the matter upon the attention of the American people till they shall join the rest of the world in the exclusive use of the International Decimal Weights and Measures."—*Constitution, Article II.* Boston: American Metric Bureau, Tremont Place, cor. Beacon Street.

Faulty Innervation as a Factor in Skin Diseases. By Edward Wigglesworth, M. D., Boston, Dermatologist to Boston City Hospital and Instructor in Syphilology at Harvard University.

Is Modern Education Exerting an Evil Influence upon the Eye-sight of our Children? By A. W. Calhoun, M. D., Professor of Diseases of the Eye and Ear in the Atlanta Medical College. Reprint from the Atlanta Medical and Surgical Journal. Atlanta, Ga.: H. H. Dickson, printer. 1878.

Formulary.

TOOTHACHE-DROPS.

I. Chloral hydrate ..... gr. xx;
Camphor ..... gr. xv;
Chloroform ..... ℥ xxx;
Tincture of aconite-root ..... gtt. v;
Oil of cloves ..... gtt. x;
Tincture of opium ..... gtt. xx.

II. Sulphuric ether ..... fl. ʒ vij;
Chloroform ..... fl. ʒ vij;
Oil of cloves ..... fl. ʒ ij;
Camphor ..... ʒ iij.

III. Carbolic acid ..... ʒ j;
Hydrate of chloral ..... ʒ ij;
Tincture of aconite ..... ℥ xxx;
Tincture of opium ..... ʒ iv;
Oil of peppermint ..... ʒ j.

—*Druggists' Circular.*

Miscellany.

A Physiological Hint to Photographers.—Thomas Buzzard, M. D., in London Lancet: Discomfort, amounting in many persons to actual distress, is experienced in sitting for a photographic portrait. The eye is fixed on a certain spot, and, whilst staring at this, the vision becomes indistinct, surrounding objects especially being lost in a thickening mist. A feeling of giddiness, and even of faintness, is apt to follow if the sitting is at all prolonged. Whilst undergoing an ordeal of this kind a few days

ago in Mr. Fradelle's studio, the idea came across me that this strain is unnecessary and could be avoided by a simple contrivance. Having begged a piece of paper and drawn upon it a circle of about four inches in diameter, I converted this into a sort of clock-face by adding the usual Roman figures in their accustomed places. The paper was then nailed to a post about eight feet distant, and when the sitting began I first fixed my eyes upon the figure XII, then upon I, II, III, and so on, "all round the clock," the gaze shifting leisurely from one figure to another. As I had anticipated, the sitting ended without any sense of strain, mist, or giddiness having been felt; and in place of the eager longing for release usually experienced, it seemed to me that I could have sat on without effort.

As Helmholtz clearly puts it, "to *look* at any thing means to place the eye in such a position that the image of the object falls on the small region of perfectly clear vision. This we may call *direct* vision, applying the term *indirect* to that exercised with the lateral parts of the retina—indeed, with all except the yellow spot." The mistiness which occurs when the gaze is long fixed in one direction appears to come up from the periphery of the field of vision. This means probably that the fatigue of the nervous element is shown first in those portions of the retina which are least highly developed, and where vision is indirect. These parts in the ordinary method of procedure are subjected to a constant strain for a period which frequently amounts to sixty or seventy seconds. By the plan which I adopted, each movement of the eye which brought a new clock-figure upon the yellow spot necessarily shifted also the position of all surrounding objects in relation to the rest of the retina, fresh points of the nervous layer being thus presented to the action of luminous rays every three or four seconds; hence fatigue of the nervous element never had time to occur. On the other hand, the rotary movement of the eyeball in adapting itself, step by step, to the figures upon so small a circle at such a distance was so excessively fine as to cause no interference with the photographic process. Mr. Fradelle, who has since applied the suggestion in many other cases, writes me that "the eyes are exceedingly well-defined, even to the iris; not alone yours, but all the pictures I have taken since have a marked superiority over those I had previously taken in the manner in which the details of the eyes are reproduced. In my opinion the success of your idea is unqualified. I have questioned my sitters after the operation, and they express themselves as not having had any strain upon their eyes."

It is evident that the plan described is likely, incidentally, to prevent to a great extent the staring expression which the face assumes when the gaze is long fixed upon an object, for it combines a certain amount of free play of the eyes, with accuracy of photographic definition. A somewhat larger circle, I have no doubt, may be employed with even greater advantage; and printed words, pictures, or other objects may replace the figures. For children, and others who do not easily follow directions, a disc with a single aperture toward its edge might be made to revolve, in the direction of the hands of a clock, before another disc prepared with pictured objects of some kind or other, so that one would appear at a time, at short intervals of space, and attract the eye. Various other modifications, indeed, at once suggest themselves as feasible, so long always as the figure toward which the gaze is directed presents a *succession* of objects arranged in a circular form.

Diabetes and Tobacco.—We are acquainted, says the Pacific Med. and Surg. Journal, with a medical man who, after using tobacco freely for upward of thirty years, abandoned it as a bad habit at the age of sixty-two. Diabetes, or at least polyuria, ensued very speedily, and in a few weeks he was greatly debilitated. He then assumed the use of the weed, and the diabetes soon ceased. Very distressing disturbance of the heart's action

then ensued, which did not disappear until he had made a long trip overland. This appearance of sugar in the urine after relinquishing the habit of smoking is certainly very singular; and, trifling as the circumstance may seem, it is not altogether unworthy of the attention of those who are studying the etiology and pathology of diabetes. We know that there are several circumstances which may give rise to a temporary attack of this affection, such as injuries to the nervous system, liver, and other parts; the influence of certain poisons circulating in the blood, etc.; and perhaps the sudden abandonment of a protracted influence in the use of a mild and soothing narcotic may have been followed by an irritable state of the nervous system, sufficient in conjunction with some other predisposing cause to excite a temporary attack of diabetes.

The Causes of Disgust.—An interesting paper, bearing this title, by M. Charles Richet, is printed in a late number of the Revue des Deux Mondes. The author considers disgust, when analyzed philosophically, to be an instinctive sentiment of protection, varying with species and with the alimentation, habits, and education of individuals. But under this apparent diversity there is the general law of finalty; and it is not by chance that our disgust attaches to such and such a thing or substance, but in consequence of the hereditary instinct which has apprised our ancestors that these animals and substances might be dangerous for us. Disgust sometimes attaches to the total form of objects, and may diminish and become extinct, as scientific analysis disjoins the parts of the repugnant whole. Thus, a spider, viewed as a whole, is a repulsive creature; but take a leg or an eye of it and study in the microscope the marvelous arrangement of these organs, and the sight will awaken admiration instead of disgust. Again, habit is evidently an important factor in feelings of disgust. Thus, to eat frogs or snails is repugnant to us, yet we eat without disgust such things as black pudding, tripe, liver, high game, and decayed cheese. The aversion to horse-flesh is not readily accounted for, except by habit.—*Lond. Med. Record.*

Deafness in Bright's Disease.—Lond. Lancet: In a paper in the Gaz. Heb., January 23d, Dr. Dieulafoy calls attention to the fact that deafness in various degrees is a much more frequent phenomenon in Bright's disease than the few allusions made to it by writers on this affection would lead us to suppose. Since he has paid attention to the subject, he has found various affections of the ear prevail (from complete deafness to mere impairment of the sense of hearing or noises in the ear) in fifteen out of thirty-seven cases of chronic or acute nephritis that have come under his notice. As to the forms of Bright's disease to which these troubles of audition chiefly belong, before this can be determined many more cases with autopsies will have to be observed; but at all events no form of the disease is exempt from such accompaniment, which may occur at any stage of the disease, although, while sometimes preceding other symptoms, it most frequently does so at an advanced period of it. Generally these disturbances of audition are temporary, lasting for days or weeks, when they may diminish or disappear, to reappear at a future time. In only one of the cases observed did the deafness become permanent. These disturbances of hearing may sometimes prove useful in determining a difficult diagnosis.

A true Prophet.—The Medical Times, of Philadelphia, speaking of the John Hopkins Hospital, remarks: "It is estimated that the whole structure will cost $1,200,000. . . . It is intended, we believe, to contain only three hundred beds, so that it will average forty thousand dollars per bed. *This will no doubt give rise to criticism.*" Which—the cost of the bed or the mathematics? The P. M. T. had better send its heavy ciphering to the News or the Boston Metric Bureau.

HOURS OF LABOR IN THE GOOD OLD TIMES.—The "Statute of Laborers," in England, enacted in 1496, regulated the hours of work and meals. It provided that the hours of labor from March to September should be from five o'clock in the morning till seven in the evening; that one hour should be allowed for breakfast, an hour and a half for dinner, and half an hour for *noon-meate*. The hours of labor in winter were from "springing of day" to dark, and only one hour was allowed for dinner, the extra half hour at that meal being allowed only for sleeping, from the middle of May to the middle of August. This statute fixed the rate of wages. If any unemployed person refused to serve at these wages, he might be imprisoned till he found sureties to serve according to the statute. Although the prices of provisions advanced considerably in the succeeding twenty years, it does not appear that wages underwent any material alteration.—*Ex.*

TREATMENT OF RANULA.—The Doctor: Dr. Panas injects into the tumor from four to ten drops of a solution of chloride of zinc, one in ten. In one obstinate case, in which a seton and drainage had failed, the injection was repeated with a twenty-per-cent solution. This treatment he thinks applicable to all varieties of mucous and serous cysts. It has succeeded in a case of subhyhoid cyst, which had resisted cauterization and injection of tincture of iodine, but yielded to a single injection of chloride of zinc.

DIPHTHERIA AND BAD DRAINS.—London Med. Press and Circular: Dr. Tripe, Medical Officer of Health for Hackney, recently reported to the district board a serious outbreak of diphtheria at Upper Clapton, twelve cases and six deaths having occurred at the Common, Warwick Road, Clarence Road, and Lee-Bridge Road. A personal inspection of the houses in the affected localities by Dr. Tripe showed that in every case but one the overflow pipes to the cisterns were connected with the drains, and the water-pipes also, so that the sewer-gas could readily obtain admission into the dwellings. At one large house not fewer than five pipes emptied themselves into the drains without being trapped, so that sewer-gas came up the waste of a fixed wash-basin whenever the plug was taken out.

BUTTERINE.—London Medical Press and Circular: A few days since a dealer at Salford was summoned for selling butterine as butter. The magistrate who tried the case came to the extraordinary conclusion that because no man could expect to buy genuine butter at 10d per pound, therefore a grocer who sells an inspector so-called butter at that price is not guilty of fraud.

YELLOW FEVER IN BELGRAVIA.—British Medical Journal: For the first time, probably, in the memory of any living physician, a case of yellow fever ending fatally is reported in London. It occurred in one of the squares in Belgravia. It was contracted on board a West Indian steamer in which several deaths had occurred.

Selections.

VALUE OF HOT MUSTARD-BATHS IN PNEUMONIA IN CHILDREN.

Dr. Leonard Weber, in American Journal of Obstetrics for April, contributes a paper on this subject, from which we extract the following:

"The great value of the hot mustard-bath as a means of saving the life of a pneumonic patient, after other remedies had failed, I learned in 1869. About a year before that I attended Jennie A., ten months old, a previously healthy and robust child, afflicted with extensive pneumonia, after having been sick for a week with bronchitis. Upon the third day, after I had seen and treated her in the usual manner, she became rapidly cyanosed, and died.

"*Case* 1. In November, 1869, another female child, of about the same age and similarly good constitution, in the same family, became affected in the same way, and when I saw it I recognized pneumonic infiltration of both upper lobes. In spite of emetics, digitalis, mustard-plasters and poultices over chest,

she became cyanotic at the end of the third day, with stertorous breathing, cold extremities, and failing heart's action. It occurred to me at this stage to immerse the patient in a hot mustard-bath of 105° Fahr., prepared by diffusing about a pound of mustard in a baby-tub full of hot water. I kept her in for about ten minutes, making thorough friction all over the surface, and until the skin had assumed a pinkish color. After being put to bed, which I had well warmed previously, the child began breathing easier, and soon fell asleep. The skin remained warm, and, an hour after the bath, was perspiring freely. With the improvement of respiration, the pulse became stronger and less frequent, and the child took the breast readily. Encouraged by this success, I repeated the process four hours later, with the same good result; and after having administered five baths in the course of forty-eight hours, and given no medicine whatever, I had the satisfaction of seeing my patient convalescent.

Of a number of other cases—at least fifty—I have had since, I have taken special notice of the following particularly severe cases:

Case 2. J. O., fem. child, six weeks old. In 1874 had capillary bronchitis for some days, and when I first saw it was almost moribund, pulse hardly perceptible. The hot mustard-baths administered every three hours soon relieved the lungs, allowed the heart to act again, and without doubt saved the child's life.

"*Case* 3. G. W., boy of four months, 1875. Broncho-pneumonia; temp. 104°, pulse 160; sinking fast. Same treatment; out of danger after four baths within thirty-six hours," etc.

Rationale of the Mustard-bath in Pneumonia.—Dr. Weber adds:

"In these cases of capillary bronchitis and pneumonia I have successfully employed the hot mustard-bath when the patients were at their worst, and have succeeded in relieving the congested lungs and helping the overburdened heart, after other remedies had failed to be of service. Now let us see whether we can find a theory to support the practice. In the hot mustard-bath we have two agents acting upon the surface of the body. In the first place, the mustard, a powerful irritant, will redden the skin, *i. e.* attract blood to the integuments, according to the old principle, '*Ubi irritatio, ibi affluxus.*' The hot water, on the other hand, dilating the blood-vessels, as it is known to do when applied for a short period of time, helps to increase the amount of blood at the periphery. The surface of the body being large, a correspondingly large amount of blood is thereby drawn toward it, which must in a great measure relieve the obstructed pulmonary circulation. The cause of over-distention of the right ventricle of the heart being removed thereby, the heart itself gets a chance to regain its propelling power, in order to properly receive and discharge the blood that is brought to it. Again, there can be no question, I think, that the bath is also a powerful excitant and stimulant of the central nervous system, respectively of the vaso-motor center, acting upon it by way of reflex through irritation of the nerves of the periphery. At all events, in the cases in which I employed it, camphor and carbonate of ammonia, which are considered to have a potent effect upon the nervous system, had failed to relieve the comatose condition of the patient, when nearly all the alarming cerebral symptoms of the patient were materially improved soon after the first bath.

"Finally, the bath may favor an exchange of the gases of the blood through the capillaries of the skin, as it is claimed in physiology that the skin of children particularly may in a measure relieve the respiratory organs by a vicarious action of its own, to remove the carbon and take up oxygen.

"I claim for the use of the bath that it is easily prepared, that the materials for it can be procured in the household of the poor as well as the rich, that its action is prompt, that there is no danger whatever in applying it as often as the urgency of the case may require it, and that it is a valuable means for fulfilling the vital indication in severe cases of pneumonia in children.

"Other things being equal, I should not hesitate to use the bath upon the adult, and should hope for equally good success with it."

Failure of the Heart's Power.—London Med. Record: Dr. C. Hanfield Jones, in a clinical lecture reported in the Lancet, February 23, 1878, gives a series of cases where weakened cardiac power was the chief symptom. In two of the cases tobacco-smoking appeared to be the principal cause, while in a third snuff-taking was supposed to have some influence. Quinine, iron, and strychnia, or bark and ammonia, with judicious avoidance of exciting causes sufficed in all but one suddenly fatal case to relieve the distressing symptoms.

Worms.—London Lancet: Dr. Sansom read a paper before the Medical Society of London entitled, "Notes on some of the Common Disorders of Children." They were suggested by an experience of nine years at the Northeastern Hospital for Children. More than half the cases which came under treatment were those of disorder of the alimentary canal; and, taking five hundred cases promiscuously, one hundred and forty-five (or twenty-nine per cent) were disorders due to the presence of intestinal worms. The general prevalence is, no doubt, much higher. The symptoms produced by the parasites are divisable into a large class of direct and a small class of reflex phenomena, and the diagnosis is made by the direct

observance of the parasites in the dejecta or about the body. The chief intestinal parasites of children in this country are the ascaris lumbricoides and the oxyuris vermicularis; the ova of the former being introduced by contaminated drinking-water, and those of the oxyuris by direct communication or by ingestion. An individual once affected becomes a constant source of self-contamination, for the ova are conveyed by the fingers from the neighborhood of the rectum to the mouth. Most of the symptoms produced by these parasites are the direct results of the irritation by themselves or their ova; so that not only do they produce the symptoms referred to in the rectum and intestines, but they cause unhealthy sores about the groins, whitlows and ulceration of the fingers, irritation of the nares, as well as many of the forms of impetigo. Stomatitis, hypertrophy of papillæ at root of tongue, pharyngitis, and tonsillar ulceration could also be attributed to their direct irritation. The peculiar cough of vermiferous children was due to local irritation of the fauces. Reflex phenomena—as epilepsy, hemicrania—and chorea, were most common in the hosts of lumbrici. Santonine for lumbrici and aperients and enemata for ascarides were indicated as the best line of treatment; a concurrent tonic treatment, and prophylaxis in the enforcement of absolute cleanliness were insisted on.

Dr. Edis spoke of the frequency with which vaginal leucorrhea in children was due to the thread-worms creeping into the vagina. He had seen grave effects resulting from the use of a solution of carbolic acid as an injection. He referred also to possible infection from cats.

Dr. De H. Hall said the central streak upon the tongue was met with in most abdominal affections. He commended a Swiss baker who had announced his determination not to suffer his bread to be handled by intending purchasers. He advocated the use of iron both by the mouth and by the bowel, after the employment of free purgatives, in the treatment of oxyurides.

Mr. Coles spoke of the frequency with which intestinal worms are met with among children in China, the lumbricus being most common. He advocated the free use of salt with food.

Mr. Wordsworth said that during a stay of two years in the West Indies he had not met with a single instance of the common thread-worm. Lumbrici are very common, and he mentioned a case of tetanus which had recovered after vomiting one of these worms.

Dr. J. Brunton was quite certain that these parasites are incompatible with perfect health. He first employs purgation to clear out as many worms as possible, and then gives some tonic to enable the child to digest its food. He advocated repeated doses of linseed-oil in emulsion.

The President said that the skin will respond to reflex irritation, erythema in some cases, eczema in others, and so on. He mentioned an obstinate case of labial eczema due to irritation of a carious tooth. Copaiba was useful in the treatment of thread-worm.

Dr. Main said that in cases in which santonine had failed turpentine and castor-oil were useful.

Dr. Sansom, in reply, thought the skin affections were the immediate result of the irritation of the worm, the ova having been found in the discharges. The ascaris mystax of the cat had been met with in man. Salt was certainly indicated. Any article of diet, such as brown sugar, which goes through many hands, is to be suspected.

Unbolted Food as a Remedy for Agalaxia.—Dr. E. Cutter, in American Journal of Obstetrics, April, says:

"In the prosecution of bovine vaccination it was noticed that dairymen increase the quantity and quality of their cows' lacteal secretion by feeding their stock on bran, shorts, and meal, chiefly maize. These procedures are largely and successfully practiced. In other words, it has proved good practice in the management of dairies to supply the ephithelial cells of the mammary gland that absorb materials from the blood of the cow, and elaborate them into a secretion that we call milk, with the food elements that are found in the tegumentary or cortical portion of the grains of wheat. The result is an increased production, and of course an increased income to the dairymen.

"The writer asked himself the question whether *women* might not do better by their offspring by feeding upon similar food. True, the bovine is graminivorous, but man is omnivorous, so that the distinction might not stand in the way. Moreover, it was also queried whether, as the cows did so well by feeding on the portions of the wheat which were rejected in making flour, nursing women might not do as well if they should subsist on cereal food that had been subjected to an abstraction of seventy-five per cent of its mineral ingredients.

"If the rejected human food, added to the ordinary diet of dairies, has increased the products, would the retention of the rejected portions have a similar effect upon the supply of food for nursing infants?

"The following cases are offered as a partial reply of a practical nature to this query:

"*Case* 1. A mother of eight children experienced a want of sufficient secretion of milk with her last three or four children. Her age was forty years, and her parentage American. During her pregnancy with, and after the birth of her *ninth* child, her diet was varied from its usual character by excluding flour, and including the use of wheat and maize

unbolted, but ground coarse or fine, as the case might be. She partook of animal food and ordinary vegetables. She had a plentiful supply of milk that continued for twenty-one months, a longer period than for any of her preceding *eight* children. Under the circumstances, this trial proved more than satisfactory. The child was thoroughly nourished, and successfully passed through a peculiar sickness, namely, scarlet fever, followed by a paralysis of the throat, which caused the child to choke after falling asleep. It would wake from asphyxia, and then fall asleep to repeat the same procedure. This state of things lasted three weeks. With a deficient alimentation, it was thought that nature would have succumbed."

Four other satisfactory cases are reported.

Camphor as a Hypnotic.—In a recent number of the Berl. Klin. Wochenschrift, Dr. Wittich recommends camphor as a hypnotic of considerable value in cases of melancholia and mania, occurring particularly in females, and in which sleeplessness is a prominent symptom. He administers it internally in doses of from one and a half to three grains, inclosed in a wafer; but he states that its action is more decided when it is injected subcutaneously. For this latter purpose he uses a solution of camphor in oil of almonds (one part to ten, by weight); the dose to be administered in this manner being the same as that given internally. He describes at length the symptoms which are likely to be relieved by the use of camphor. These consist mainly in restlessness, irritability, and prolonged sleeplessness; the patient refuses food, loses flesh, and becomes anæmic and exhausted to the last degree. Chloral hydrate, morphia, and bromide of potassium are tried in vain; morphia may produce slight but only transient relief. Under these circumstances, according to Dr. Wittich, the subcutaneous administration of camphor often acts most satisfactorily. A few minutes after the injection the patient becomes quiet, and soon falls into a sleep which generally lasts several hours. On waking the restlessness and other symptoms may recur, but they will be much less severe. In many cases the soothing effect of the medicine will continue for some time. The injection should be repeated according to circumstances. A small dose (a grain and a half) sometimes acts better than a larger one, and should therefore always be used at the commencement. Camphor is an old remedy for the sleeplessness of mania. Dr. Pereira states that it was used by Paracelsus (1493–1541) as a narcotic in cases of this kind.—*London Medical Examiner.*

Hysterical Disorder of the Eyes.—Dr. Schenkl (Prager Med. Wochenschrift, Nos. 18 and 19, 1877) says that the disorders of the uterus and ovaries which give rise to hysteria may cause by reflex action an increased irritability of the sensory nerves of the apparatus of accommodation. At first after long exercise of the eyes, and subsequently after using them for a minute, pain is felt in and about the eyes. It differs from true neuralgia in having no typical course, and in being prevented by avoiding exertion of the eyes. Both eyes are generally affected, the right most so in forty-six cases out of sixty observed. Depressing affections and moisture, as well as the duration of menstruation, increase the severity of the pains; during pregnancy they are less. Vision of distant objects is not impaired. The state of refraction has no influence on the development of the malady; the extent of accommodation is unchanged; the ophthalmoscope detects nothing abnormal. In some patients photophobia, photopsia, malaise, vomiting, vertigo, and even convulsions are met with. The course of the disorder is very tedious; it ceases with the commencement of the climacteric period. Married women are most frequently attacked; even robust and apparently blooming women are not exempt. It very rarely occurs in anæmic nervous men. The treatment consists in rest of the eyes, the use of moderately convex glasses, and, in cases of photopsia, smoke-colored glasses. Castor, valerian, acetate of zinc, and atropine drops are useless. In some cases severe pain has been relieved by large doses of quinine.—*British Medical Journal.*

Application of Ice to the Rectum in Narcosis from Chloroform.—According to Dr. Baillée, there is no more effectual remedy in narcosis produced by chloroform than the introduction of a piece of ice into the rectum. Moderate pressure overcomes the resistance of the sphincter, and immediately on the ice melting in the rectum a deep inspiration takes place, which is at once followed by the re-establishment of natural respiration and of the action of the heart. M. Baillée recommends the same means in the apparent death of new-born infants.—*Gaz. des Hôp.*

Intravesical Use of Quinine in Chronic Cystitis.—London Med. Record: Mr. T. W. Nunn has lately been using quinine injected into the bladder in cases of chronic cystitis with offensive urine, and states (Lancet, February 23, 1878) that the results are highly satisfactory, the urine becoming healthy, and micturition occurring every six or seven hours, in place of every hour or hour and a half.

Granular Effervescing Arsenic.—(Young and Postans.) Each teaspoonful in equal to three minims of Fowler's solution. The use of arsenic appears to be on the increase, and it would be difficult to find a better mode of administering it than this preparation affords.—*London Lancet.*

Analyses of Sulphate of Quinine Pills.

As we have repeatedly notified the trade, our Sulphate of Quinine Pills are made of Bleached Quinine and contain the correct amount of Quiniæ Sulphas, as represented on the label.

We submit below three analyses of our Sulphate of Quinine Pills obtained at different druggists; the first was made by Mr. Chas. Rice, of New York, one of the editors of the "*New Remedies*," and chemist of Department Public Charities and Correction of New York City, who is well known both personally and by reputation by a large number of physicians and druggists throughout the country. The other two analyses are by Dr. Polenske, former assistant of Prof. Sonnenshein, of Berlin, and now our own analytical chemist.

Our "Hospital Quinine" Pills are made as set forth in our circular of March 27th, which we reprint for the information of those who may not have seen it before.

With the assurance to the trade and medical profession, that we will always manufacture our preparations, as we have in the past, in **perfect good faith,** that we will use the best materials obtainable, increasing our knowledge by every means in our power, for examining and testing all ingredients and perfecting our business, we remain,

Very respectfully, **McKESSON & ROBBINS.**

NEW YORK, APRIL 17th, 1878.

"MESSRS. McKESSON & ROBBINS,

Gentlemen:—Having been requested by you to make an assay of the alkaloids contained in your Gelatine-Coated Quinine Pills, I purchased an original vial, containing 100 2 grain pills, in the store of Mr. Theodore Cole, 409 First Avenue, New York. Each ten of these pills weighed very nearly 34 grains, and the weight of the single pills is very uniform, varying but slightly either way from 3.4 grains. The whole number of pills, (100,) yielded 148.385 grains of anhydrous alkaloid, which was found to be **pure, White Quinia,** free from other cinchona alkaloids. This amount of dry Quinia corresponds to **203.8** grains of **Sulphate of Quinia,** containing 8 molecules of water of crystallization ($2\,C_{20}\,H_{24}\,N_2\,O_2 - H_2\,SO_4 - 8\,H_2\,O$); or to **201.7** grains of **Sulphate of Quinia,** containing 7½ molecules of water of crystallization ($2\,C_{20}\,H_{24}\,N_2\,O_2 - H_2\,SO_4 - 7\frac{1}{2}\,H_2\,O$), which latter is, as near as possible, the formula of the commercial pure Sulphate of Quinia. The amount of Sulphate of Quinia contained in the 100 pills examined, is therefore a trifle **in excess** of the required quantity, (3.8 grains, or 1.7 grain, according to whatever formula may be adopted for the crystallized salt).

Respectfully, CHARLES RICE,
Chemist, Bellevue Hospital, N. Y.'

NEW YORK, MARCH 30th, 1878.

"I have analyzed McKesson & Robbins' Gelatine-Coated 5 grs. Sulphate of Quinine Pills, from an original bottle of one hundred, and find that in two analyses of 10 pills each, the result in both cases was 51 grains of pure Sulphate of Quinine. ED. POLENSKE, Ph. D."

NEW YORK, APRIL 13th, 1878.

"One hundred McKesson & Robbins' Gelatine-Coated 2 grs. Sulphate of Quinine Pills, analyzed by me to-day, contained 198 grains of Sulphate of Quinine. The Sulphate of Quinine obtained from these pills stood the Ether test, as laid down in the U. S. Ph. ED. POLENSKE, Ph. D."

Circular of March 27th, 1878.

Since we changed, last fall, from Unbleached to Bleached Quinine in the manufacture of our Pills, we have heard from a large number of druggists and physicians stating that the therapeutical effects of the dark pills were better than the "bleached," dose for dose, where a tonic was indicated, and the antiperiodic effects of the former were as well marked. We made the change because we were disappointed in obtaining a uniform article of unbleached Quinine, were deceived in two shipments we received and the analyses of samples from the same package we submitted to different highly reputable chemists varied surprisingly, in fact, analysing Quinine *quantitively* is very difficult, as it depends very largely upon the different solubilities of the alkaloids in water, while the *qualitative* analysis is very simple and reliable.

The curative properties of the other alkaloids of Cinchona Barks have been well attested and the effect of the **combined alkaloids** has been repeatedly asserted to be greater than that of any **one alone.**

In view of these facts, we accordingly propose to offer Pills made of Hospital Quinine, which differs from that which has been known and understood as "unbleached," in the process of manufacture and in the proportion of Quinine. This Hospital Quinine will contain about 50 per cent. of Quinine Sulphate, and the balance, Cinchonidia Sulphate and traces of Quinidia Sulphate; the Cinchonia Sulphate, being less powerful than the other alkaloids is separated.

These pills on account of their lower price will relieve a difficulty, to which a large number of people living in malarious districts have been subjected—the inability to purchase Quinine Pills on account of price, especially when scarcity causes sudden and great advances, as at present—at the same time we believe that confidence may be felt of experiencing equal relief with similar doses.

We will continue, as now, to make our "Quinine Pills" of bleached Quinine, and the white color will readily identify them from our darker Hospital Quinines, which will be labelled "Hospital Quinine." The list of Hospital Quinine Pills we submit below is subject to same discount as our other pills, and will be reduced as soon as the market on Quinine will allow. We call special attention to our Pills of Cinchona Bark Alkaloids, which contain a definite quantity of each of the four alkaloids, one-half grain each Sulphates Quinia, Quinidia, Cinchonia and Cinchonidia.

We annex below list of our Pills of other Cinchona Alkaloids, and remain, soliciting your correspondence and valued orders, Yours respectfully,

March 27th, 1878. **McKESSON & ROBBINS.**

Pills of "HOSPITAL QUININE" and the Cheaper Alkaloids.

"HOSPITAL QUININE," ¼ gr.	70	3 25	Chinoidine, ¼ and 1 gr.	60	2 75
"HOSPITAL QUININE," ½ gr.	85	4 00	Chinoidine, 3 grs.	75	3 50
"HOSPITAL QUININE," 1 gr.	1 40	6 75	CINCHONA BARK ALKALOIDS.	2 00	9 75
"HOSPITAL QUININE," 1½ grs.	1 90	9 25	Quiniæ Sulph., 1-2 gr. / Quinidiæ Sulph., 1-2 gr. / Cinchoniæ Sulph., 1-2 gr. / Cinchonidiæ Sulph., 1-2 gr.		
"HOSPITAL QUININE," 2 grs.	2 50	12 25			
"HOSPITAL QUININE," 3 grs.	3 75	18 50			
"HOSPITAL QUININE," 4 grs.	4 50	22 25	Cinchonia, Sulphate, 3 grs.	1 00	4 75
"HOSPITAL QUININE," 5 grs.	6 00	29 75	Cinchonidia, Sulphate, 1 gr.	60	2 75
Quinidia, Sulphate, 1 gr.	80	3 75	Cinchonidia, Sulphate, 2 grs.	1 00	4 75
Quinidia, Sulphate, 2 grs.	1 50	7 25	Cinchonidia, Sulphate, 3 grs.	1 50	7 25
Quinidia, Sulphate, 3 grs.	2 20	10 75	Cinchonidia, Sulphate, 5 grs.	2 50	12 25

SEND FOR FORMULA BOOK AND PRICE LIST OF PILLS.

NEW REMEDIES.

☞Your Special Attention is called to the Note below.

Quinine Flower.—Used in the South during the late war to some extent as a substitute for quinine, and uow introduced to the profession by us.

Yerba Reuma.—From the Pacific slope, now introduced by us. Used in diseases of the mucous passages, especially in catarrh, acute and chronic, leucorrhœa, gonorrhœa, and dysentery.

Kava Kava.—From the Sandwich Islands. First introduced by us. An efficient and agreeable remedy in gonorrhœa, gleet, gout, and rheumatism.

Cascara Sagrado.—Introduced by us. It has long been regarded by the residents of the Pacific coast as a sovereign remedy for habitual constipation and dyspepsia.

Coto Bark.—From Bolivia. First introduced by us. It is said to be almost a specific against diarrhœa in its various modifications.

Coca Leaves.—A powerful nervous excitant, giving great vigor to the muscular system and sustaining the human frame under extreme physical exertion and fatigue.

Paraguay Tea.—Largely used in South America as a stimulant to sustain the system when under going hunger, or great fatigue during the summer heat.

Guaco Leaves.—This valuable remedy was also first introduced by us. Its use is indicated in cholera. diarrhœa, chronic rheumatism, etc.

Berberis Aquifolium.—A new California drug, now introduced by us, possessing extraordinary powers as a combined alterative and tonic, and valuable in syphilitic and scrofulous diseases, salt rheum, etc.

Boldo Leaves.—First introduced by us. The new South American tonic. In France it has been employed in cases where quinine could not be tolerated.

Areca Nuts.—First introduced by us. From India. Strongly astringent. Used by Dr. Morris, of England, in the removal of tape worm.

Grindelia Squarrosa.—From California. First introduced by us. An excellent and efficient remedy in malarial diseases, enlarged spleen, etc.

Yerba Santa.—From northern California. First introduced by us. This drug is a standard remedy in the Western States in bronchial and laryngeal disorders.

Fucus Vesiculosus.—First introduced by us. An anti-fat remedy of great merit. No derangement of the stomach or general system seems to result from its use.

Grindelia Robusta.—From the Pacific slope. Since this drug was first introduced by us it has earned for itself a reputation for almost specific curative action in asthma.

NOTE.—There are several false varieties of this plant which are offered as genuine. Physicians will readily perceive the difference in the taste of the fluid extract as compared with our preparation of the TRUE plant.

KOOSO,	USTILAGO MAIDIS,	DAMIANA,
GUARANA,	MAGNOLIA FLOWERS,	BEARSFOOT,
BAEL FRUIT,	AILANTHUS GLANDULOSA,	BROOM TOP,
BUCKEYE BARK,	FIVE-FLOWERED GENTIAN,	COUCH GRASS,
URTICA DIOICA,	NIGHT-BLOOMING CEREUS,	CASTOR LEAVES,
SOAPTREE BARK,	GRINDELIA COMPOUND,	PARSLEY SEED,
SANDAL WOOD,	XANTHIUM SPINOSUM.	ARBOR VITÆ,
PULSATILLA.	WATER FENNEL SEED,	CHIRETTA,
SUNDEW,	POMEGRANATE BARK,	KAMALA.
	EVENING PRIMROSE,	

NOTE.—For a detailed description of the botanical history and medicinal application of each drug, send stamp for our descriptive circular. We will also furnish our price-list if desired. Any inquiry regarding these New Remedies will be promptly answered.

PARKE, DAVIS & CO., Manufacturing Chemists, Detroit.

FOR SALE BY

ARTHUR PETER & CO., Louisville; R. A. ROBINSON & CO., Louisville; R. MACREADY & CO., Cincinnati; REAKIRT, HALE & CO., Cincinnati; RAUCHFUSS, NAGLO & CO., Cincinnati. 117-ew-1y

ESTABLISHED 1817. ESTABLISHED 1817.

ARTHUR PETER & CO.

IMPORTERS AND JOBBERS OF

DRUGS, DRUGGISTS' SUNDRIES

Essential Oils, Choice Pharmaceutical Preparations.

LOUISVILLE, KY.

Agents for GRIMAULT & Co., Paris; RIGAUD & Co., Paris; HERRINGS & Co., London; WARRICK FRÈRES, Nice; and all the prominent Pharmaceutists of the United States.

"QUALITY FIRST."

JNO. F. HUDDART,

DRUGGIST,

Cor. Second and Chestnut Sts.,

LOUISVILLE, KY.

New Remedies constantly received.

HUDDART'S

"BITTER WINE OF IRON"

A SUPERIOR TONIC.

Agent for LONDON MANUFACTURING CO.'S ESSENCES OF MEATS.

113-ew-1y

E. SCHEFFER,

Apothecary and Chemist

LOUISVILLE, KY.

Manufactures by his newly discovered method.

SACCHARATED PEPSIN, which has proven its superiority over other Pepsins by its greater strength, its stability and uniformity, and by its almost entire tastelessness.

DRY PEPSIN, CONCENTRATED, of which one grain digests 100 to 125 grains of Coagulated Albumen, is particularly recommended.

LIQUID PEPSIN, a very palatable medicine that will not decompose nor spoil; highly recommended by all physicians who have once used it.

ALL PREPARATIONS WARRANTED. Address your orders to **R. A. ROBINSON & CO., Louisville, Ky.**, who are my only Agents.

E. SCHEFFER

MARKHAM & BYINGTON,

Druggists and Instrument Dealers,

Cor. Fourth and Green Sts. and Sixteenth and Walnut Sts.,

LOUISVILLE, KY.

CONSTANTLY ON HAND

SURGICAL INSTRUMENTS

Of all descriptions, of which we carry one of the largest lines in the city. Orders solicited from country physicians for Instruments and fine Drugs. Sent C. O. D. with privilege.

THE NEWCOMB-BUCHANAN CO.

DISTILLERS

AND

Wholesale Whisky Merchants

PROPRIETORS OF THE CELEBRATED

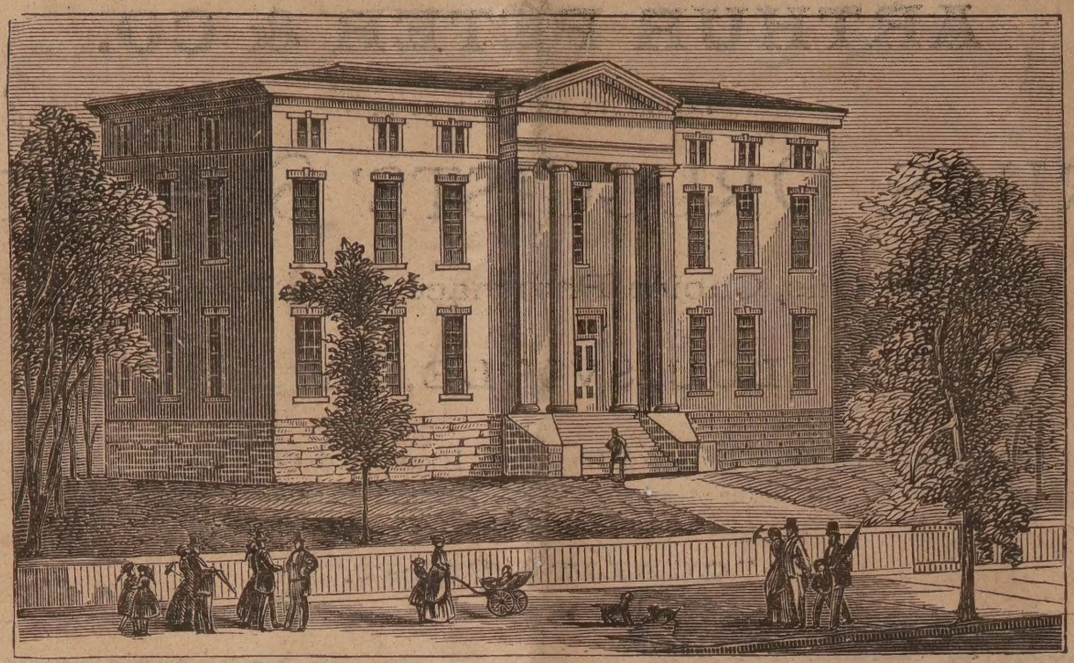
ANDERSON AND NELSON DISTILLERIES,

Producing the very highest grades of Sour-mash and Fire-copper

BOURBON AND RYE WHISKIES,

34 Fourth St., LOUISVILLE, KY.

UNIVERSITY OF LOUISVILLE.



MEDICAL DEPARTMENT,

COR. OF EIGHTH AND CHESTNUT STS.

FORTY-FIRST ANNUAL SESSION.

FACULTY.

J. M. BODINE, M. D.....Professor of Anatomy and the Operative Surgery of the Eye.
L. P. YANDELL, Jr., M. D.....Professor of Therapeutics and Clinical Medicine.
E. R. PALMER, M. D.....Professor of Physiology and Physical Diagnosis.
T. S. BELL, M. D.....Professor of Science and Practice of Medicine and Public Hygiene.
JOHN E. CROWE, M. D.....Professor of Obstetrics and Diseases of Women and Children.
J. W. HOLLAND, M. D.....Professor of Materia Medica and Medical Chemistry.
DAVID W. YANDELL, M. D.....Professor of the Science and Art of Surgery and Clinical Surgery.
R. O. COWLING, M. D.....Professor of Surgical Pathology and Operative Surgery.
W. O. ROBERTS, M. D.....Demonstrator of Anatomy.

FEES.—Professors' Tickets, in full, $50.00; Matriculation Fee, $5.00; Demonstrator's Ticket, $10.00; Graduation, $30.00; Hospital Ticket (required by City), $5.00.

☞ The Regular Session will commence on the first Monday in October, and continue until the 1st of March.

☞ A Preliminary Course of Lectures, free to all Students, will commence on the first Monday in September, and continue till the opening of the Regular Term.

J. M. BODINE, M. D., Dean of the Faculty.

☞ For the Annual Circular, containing full particulars, address

J. W. HOLLAND, M. D., Sec'y of Faculty,
Corner Fifth and Walnut Streets.

SPRING AND SUMMER SESSION OF 1878.

The Spring and Summer Session of 1878 in the Medical Department of the University of Louisville will commence on March 6th and continue till June 1st. The following Courses will be given by the *REGULAR FACULTY*, assisted by Drs. W. O. Roberts, H. A. Cottell, Wm. Cheatham, W. B. Doherty, W. H. Long, and R. B. Gilbert.

On Venereal Diseases and Diseases of the Skin; Ophthalmic and Aural Diseases; Clinical Diseases of the Chest, and Physiology; Public Hygiene; Clinical Diseases of Women; Clinical Surgery; Materia Medica; Surgery; Practice of Medicine; Anatomy; Chemistry; Obstetrics; and Diseases of Children.

Didactic Lectures will be given on the Specialties of Medicine and Surgery, but the essential feature of this course will be CLINICAL INSTRUCTION and RECITATIONS from the text-books, it being the design of the Faculty to give the student advantages much superior, as has been demonstrated, to those obtained by ordinary office instruction.

The University Dispensary, situated upon the college grounds, supported by the Faculty and under its exclusive control, is the only institution of the kind in the city of Louisville which has existed for any number of years. It has obtained the confidence of the sick poor of this city, and its rooms, especially during the milder months, are daily crowded with patients illustrating all varieties of disease.

The Faculty have also access to the Louisville City Hospital, an institution which contains more than two hundred beds, and the Hospital of SS. Mary and Elizabeth. From these sources an inexhaustible supply of clinical material is obtained.

Advanced students will be given obstetrical cases and cases in out-door practice to attend.

The Spring and Summer Course of the University is designed to be supplementary to the Regular Winter Course. Attendance upon it is voluntary and does not count as a session, but students who attend it are furnished with certificates which will be taken as additional evidence of proficiency in candidates applying for the Medical Degree of the University.

The Fee for the Full Course is $25.00, For further information address

W. O. ROBERTS, M. D., Dean of University Summer School,
263 West Walnut Street, LOUISVILLE.